D	epartment of Publ Division of I	іс Не	alth a	nd So	cial Se	rvices		10		
For						Panort Pan		of 4		
					nent Inspection Report Page of T					
Regular 02	-10 12022	TR	AR	KAR	RES	TAURANT				
Follow-up TIME	State of the second of	PERMIT HOLDER								
	AM 2=00 PM	X	AP 1	LOK	WRP					
Investigation SANI	TARY PERMIT NO.	LOC	ATION	(Address	3)		2950			
Other: 2 00	1443	19	4 (4)	MAN	NAZ	ANTONIO TAMUNNE	6MAM			
ESTABLISHMENT TYPE ARE		No. c	of Risk	Factor/In	nterventid	on Violations	RISK CA	TEGORY		
RESTAUPANT 7	473288	_				itervention Violations	3			
						EALTH INTERVENTIO	NS			
Circle designated complian	ice (fN, OUT, N/O, N/A) for e	each nu	mbered i	item. Ma	ark "X" in	appropriate box for COS and/or R.				
N = In compliance OUT = Not in compliance N/O = N Compliance Status	ot observed N/A = Not app			npilance			PTS = Dem			
Supervision	TOOD K	IFIO	COIL	it prilative		tentially Hazardous Food (TCS Fo		R PTS		
1 Person in charge present, dem		6	16	(IN OUT	N/A N/O	Proper cooking time and temperatures		6		
Knowledge, and performs dutie	s <u>                                    </u>	1 0				Proper reheating procedures for hot hok	ling	6		
Employee Health 2 (IN) OUT Management awareness; police		Te				Proper cooling time and temperatures	- 1	6		
2 (IN) OUT Management awareness; polici 3 (IN) OUT Proper use of reporting, restrict		6		IN OUT		Proper hot holding temperatures  Proper cold holding temperatures		6		
Good Hygienic Practi				No.		Proper date marking and disposition		6		
4 (IN) OUT N/A N/O Proper eating, tasting, drinking		6			3,450			CULTURE O		
tobacco use				STATE OF	11/100	Consumer Advisory				
5 (N) OUT N/A N/O No discharge from eyes, nose,		6	22/	TUO (NI		Consumer Advisory provided for raw or				
6 (IN OUT N/A N/O Hands clean and properly wast		T 6	129	IN OUT	N/A	undercooked foods		6		
No hare hand contact with reac	The same is a second of the sa	_	1000		-	Highly Susceptible Populations				
approved alternate method pro		6	23	IN OUT	MIA	Pasteurized foods used; prohibited food	s not	6		
8 (N) OUT Adequate handwashing facilitie	s supplied &	6	23	IN OUT	(WA)	offered		10		
accessible			100	_		Chemical				
9 (IN) OUT Food obtained from approved s	ourre I I	16	24	IN OUT	NA	Food additives: approved and properly u	sed	6		
10 IN OUT N/A (NO) Food received at proper tempe		6	-			Toxic substances properly identified, sto	red.			
11 IN OUT Food in good condition, safe, a		6	25	TUO		used	,	6		
12 IN OUT WA N/O Required records available: she	ellstock tags,	6		Lichida	Con	formance with Approved Proced	ures			
parasite destruction Protection from Contami	netion		26	IN OUT	N/A	Compliance with variance, specialized process, and HACCP plan		6		
13 IN OUT N/A Food separated and protected	TABLOTI	(6.	, –		_	<u> </u>				
14 IN OUT N/A Food contact surfaces; cleaned	& sanitized	6				e improper practices or procedures identi buting factors of foodborne illness or injur				
15 IN OUT Proper disposition of returned,	-2.	6				e control measures to prevent foodborne				
served, reconditioned, and uns	GOOD RE	TAIL	00	ACTIO	TEC					
Good Retail Practices are previ		-			The second second	nicals, and physical objects into foods.				
Mark "X" in box: If numbered item is not in complian	nce and/or if COS and/or R.	ÇOS	=Correc	cted on-sit	te during i	inspection R = Repeat violation PTS	=Demerit p	points		
Compliance Status	COS R	PTS	Con	npllance	Status			R PTS		
Safe Food and Water 27 Pasteurized eggs used where required	r T	11	40	I IIa	una uda	Proper Use of Utensils sils: properly stored		T 4		
		+				uipment and linens: properly stored, drie				
28 Water and Ice from approved source		2	41		andled			1		
29 Variance obtained for specialized processing		11	42		-	single-service articles: property stored, us	ed	1		
Froper cooling methods used; adequate equ			43	I JGI		d properly		1		
30 temperature control	prinarit to	1 1	-	1 / Fr		Utensils, Equipment and Vending onfood-contact surfaces cleanable, prope				
31 Plant food properly cooked for hot holding		1	44	X de	signed, c	onstructed, and used		G		
32 Approved thawing methods used		1	45			ng facilities: installed, maintained, used; t	est	0		
33 > Thermometer provided and accurate		(1	46	The Person Name of Street, or other Desires, or	nips onfood-co	ntact surfaces clean		(1)		
Food Identification		~			7 10 10	Physical Facilities				
34 Food properly labeled; original container		I(1)	47	Ho	ot & cold v	water available, adequate pressure		2		
Prevention of Food Contar	nination	-	48			stalled; proper backflow devices		2		
Insects, rodents, and animals not present  Contamination prevented during food pepara	tion storage &	2	49	Se	ewage and	d wastewater properly disposed		2		
36 X display	west, oronage o		50	To	pilet faciliti	ies: properly constructed, supplied, & clea	ined	2		
37 Personal cleanliness		10	51	G G	arbage/rel	fuse properly disposed facilities maintain	ed	2		
38 Wiping cloths: property used and stored	X	1	52			ilities installed, maintained, and clean		(1)		
39 Washing fruits and vegetables	to violetica (a)	1	53	Ac	dequate v	entilation and lighting; designated areas (	ise	17		
I have read and understand the above I am aware of the corrective measures			54	Te-	milen. D.	Documents and Placards mit, Health Certificates valid and posted		10		
Person in Charge (Print and Sign)	The condition taken.	7	34	1  38	-	ite: _ / /		2		
14N7/A	YTEN S	he	Si	~		2/1/27				
DEH Inspector (Print and Sign) T. SHIMIZU	10 TO		0		Fo	ollow-up (Circle one): YES) NO	Follow	Phata		
Rev: 08.27.15	White DDM						21	1		

		Division of E	nvironn	rand Social Service nental Health <b>nspection Re</b> j		Page 2	4
ESTABLISH	MENT NAME			N (Address)	JOIL	Page	_or_ <u>/</u>
KAR	KAR RESTAURANI			SHE PACE	1		
02	PECTION DATE SANITARY PERMIT	No. +3	PERMIT H	OLDESTE PAGE	1	N. W. S.	
i lude Xo	TEI			SERVATIONS		Charles III	
	Item/Location	Temperature	(° F)	Item/Loc	ation	Temper	ature (° F)
	PPNEE CHICKEN/TO GO WIMON	1do. 5					
CONKED	BEEF RAW/REACH IN CHILLIPS	36.5 34.0					
COOKED	BEEF/BENZINGHILLER	425				+	
COOKED BY	EEF STAND LAP CHILLER	290				1	
CONCER P	RISP CHIGEN/STAMP-UPCHUR						
COURED	DWCK/FR/ING PACK	[70					
						+	
ITEM NO.	OBSERVA	ATIONS AN	ID COF	RRECTIVE ACTION	ONS		CORRECT BY DATE
Violation	s cited in this report must be corre			frames indicated, on Food Code.	r as stated in Sec	tions 8-40	)5.11 and
	A REGULAR INSPECTION			D. TODAY. PREV	IDUS INSPEC	TION	
		U47ED IN		14	1000	-((,0)	
	100000	W- LEV LI		(11			
<b></b>	THE FOLLOWING VICLATION	UIC INDIC	TO DH	SEPRVED:			
745	THE FIRE WILL VICENTIA	JUS VICT	E 017	)e  400 -	(- )		
7_	FOOD HANDUER USING BA	h+ -(ΥΛΛ()	C +10	CUT READY-	(PRE)	_	Cos
_ <del></del>		FE-HAND	_ 10	CUT READY-	TO-EAT DUC		003
	FOR TO GO PLATTER.	H DO:	rach c	CHAIL BY BD	NHID IOD A		
				SHALL BE PP	Units liter 70		
			1.5	TE FOODS.	m NChas		
	COS: PERSON IN CHAR	7	HAD	FOOD HANDU		<u> </u>	
	DUCK, WASH HAMOS A	ND VISE	6 LOI	ES. TO HANDLE	MEFOUD.		
	Indoesn's Ornavius les	DY21-14	. 00	2000	4 400 - 14 4 400 016	(B)	
13		ORING OF	1 0		ARDONE FOUL	(PHF)	2/11/22
		- 1	METY	(TCS) FOODS	IN MULTIHE		
	PREEZERS. (I.E. RAW	CHICKEN	Stok	ED ON TOP OF	- PAW BEE	F)	
	HAFATCS FOODS SHAU	L BE ST	RED	ACCURDING TO	COOKEN6		
	TEMPERATURES TO F	PEVENT	OROSS	CONTAMINAT	10N		
the Immediate	inspection today, the Items listed above identify v suspension of the Sanitary Permit or downgrade	. If seeking to app	oeal the res	ected by the date specified built of any notice or inspection	y the Department. Failuri on findings, a written requ	to comply m lest for hearin	ay result in g must be
Person in Cha	he Director within the period of time established in rge (Print and Sign)	on the notice for co	errections.		Date	2/1/7.	2
DEH Inspector	(Print and Sign)	2			Date	- 11-	7.7
Rev	08.27.15 White Eft	ite: DPHSS/DEH	Yellow:	Food Establishment		2/1/2	1

	Division of Environmental Health	11.
FOTADI IOLI	Food Establishment Inspection Report Page 2	of T
	MENT NAME  KAR RESTAURANT  SEE PAGE 1	
INSF	PECTION DATE ISANITARY PERMIT NO PERMIT HOLDER	
02	101 12022 21000 1443 SEE PAGE I	
ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
Violations	s cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-4 8-406.11 of the Guam Food Code.	05.11 and
33	METAL STEM TYPE THERMOMETER NOT PROVIDED/USED. AMBIENT	33/22
	A THERMOMETERS NOT PROVIDED INSIDE REACH IN STANDING CHILLERS.	77-
	METER SPEN TYPE THERMOMETERS SHALL BE PROVIDED AND USED	
	TO ENSURE PHETICS REACH THE REQUIRED INTERNAL TEMPERAMPTED	1
	DURING PREPARAMON, COOKING AND STOPHER. AMBIENT THERMOMETERS	
	SHAU BE PROMPED IN CHILLERS TO BOUNDED PROPER WID-HOLDING	
	TEMPERATURES ARE MUNTAINED.	ļ
<b>3</b>	NA:	
34.	MULTIPLE THE FICE FOOD TEMS NOT IN THEIR DEGLAL CONTAINERS	3322
	WERE NOT PROPERLY LARDELED. (IE. FROZEN PIET (CHICKEN/PURKS)	
	COOKERS FOOD ITEMS NOT KEPT IN ORIGINAL PACKAGING MINST BE	
	PROPERLY LARGED & LABELED TO ENSURE PROPER IDENTIFICATION AND	
	to FAGLIPPIE PROPER STURAGE OF FOOD MEMS TO PROPERT CROSS	
	CONTRMINATION.	
35	ONE DEAD POACH FOUND ON KITCHEN FLOOK. ONE LIVE POACH FOUND LANDER	3322
	THE THREE COMPAYEMENT SINK. SCREEN TO WINDOW SCREEN IN COCKEN	
	WINDOW HAS GAPS. MULTIPLE CETLING THES THEOLYHOUT THE KIRLYEN APEA NOT	
	PROPERLY IN PLACE, ALLOWING FOR GAPS AND DEGT ACLESSIBILITY. INSTIT	
	ALL OWNER OPENINGS RIST-IS SHALL BE PROPERLY SEALED, AND SCREENS	
	SHALL BE PROPERLY SECURED TO PREJECT ENTRY OF PESTS, INSECTS, AND	
	RODENAS SHAN BE WATROLLED TO FRENT UROSS WATAMINATION	
	TOTALLE STAND TO STAND TO TECHNIA DIESS MUTUALINATIONS	
36	MULTIPLE FORD HEMS STORED DIRECTION ON THE FLOOR ON IN THE DRY	2322
	MULTIPLE FOOD HEMS STORED DIRECTLY ON THE FLOOR ON IN THE DRY STURAGE POOM.	7-10-
	ALL FOOD HEMS SHAPLI BE STOPED SIX MUTES ANDWE THE EPONNATO	
	50	
	PREVENT WINDAMINATION AND TO PROMOTE OVERALL CLEANING SANHARD	N
Based on the i	nspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply π	av result in
the immediate	suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing to Director within the period of time established in the notice for corrections.	ng must be
	rge (Print and Sign), Date: 7 / 1	) i
DEH Inspector	(Print and Sign) + Cill Al Pills + Dills + Dil	
	Date: 2/1	1011

Department of Public Health and Social Services

Rev: 08.27.15 White: DPHSS/DEH Yellow: Food Establishment

## Department of Public Health and Social Services Division of Environmental Health Food Establishment Inspection Report LOCATION (Address) ESTABLISHMENT NAME CARKAR PESTAURANT SEE PACE 1 SANITARY PERMIT NO. INSPECTION DATE PERMIT HOLDER CORRECT ITEM NO. **OBSERVATIONS AND CORRECTIVE ACTIONS** BY DATE Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code. WIPING CLOTHS NIM STORED PROPERLY. WIPING CUSTAGE STATUL BE STURED IN A SOLUTION OF SANITIZER WHEN NOT IN USE TO PREVENT CRUST WATAMINATION. WANG CLOSES STORED PORPLY. UNSEALED MAPPAINTED CONCRETE PLOYES USED TO ELEVATE FOOD EQUIPMENT. BARE WOOD COVER USED TO COVER FLOUR CONTAINER PENING. CARDECARD ALL FOOD VICED AS LINER IN FREEZER, CUMING POPROS WHAT DISCOLDRATION. ALL FOOD/NON CONTACT FOOD SUPPACES SHALL BE PROPERLY CONSTRUCTED, DESIGNED AND MADE BASILY COLANABLE TO PRENT CROSS WITAMINATION. 45 CHEMICAL PEST SIRIPS NOT PROVIDED FOR THREE COMPREPAGNIT SINK. 3322 CHEMICAL TEST STRIPS SHALL BE PROJUDED AND VISED TO ENSURE CHEMICAL SANITZER IS THE PROPER CONLENTRATION. 460 SHELVING FOR CLEAN DISHWARE HAD DEPARIS. 3 3 22 NON FOOD LONGACT SUPFACES SHALL BST THOPONGHY CHAMED TO PREVENT OPOSS LONGAMINATION. CRENCE AND FOOD ACQUIMULATION ON FLUDICS AND WALLS THRONGHOUT ICHTERN. FLUDE THES THRONGHOUT KITCHEN FRACKED AND ALLOWING FOATER to 2 ACCUMULATION. HOLE IN WALL IN BACK CORNER OF KITCHEN. PHYSICAL FACILITIES SHOWL BE INMAINTIMINED IN GOOD PEPAIR AND TO PROMOTE THOROUGH CLERNING AND CHERAL SANITATION. PHOTOS TAKEN. REMIDVED. PUALARD NO, DIS43 ISSUED AND POSTED RE-INSPECTION REPORTED PROMOTED to PIC. PISCUSCREP REPORT WHAT PIC. Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate auspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections. Person in Charge (Print and Sign) DEH Inspector (Print and Sign) Date: 2022 NSHIMIZU

Rev: 08,27,15

# COCKROACH INFESTATION THRESHOLD DETERMINATION PLAN

### Cockroaches

Establishment Name: KARKAR RESIKU PANT

Sanitary Permit No.: 210001443

Date of Inspection: 2 1 2022

Please circle/mark each applicable item.							
Item No.	Description	Threshold Points	Public Health Reasoning				
*	Found more than one live cockroach, viable eggs, nymphs	Yes = 5 No = 0	Roaches are social creatures, live in groups, and are most active at night. The observed presence of roaches in daylight greatly suggests an infestation as they are foraging for food during the day. Finding viable eggs and/or nymphs indicate they are mating and proliferating and are in different stages of their life cycle.				
2*	Found more than one dead cockroach	Yes = 1 $No = 0$	The presence of dead roaches may indicate there are more present in the facility.				
3*	Observed activity	No = 0 Frass ≠ 1 Empty egg casings = 1 Body parts = 1 Different sizes = 1	Signs of activities and/or remnants may indicate presence of roaches in the facility. Signs of empty egg casings may indicate a new hatching of roaches.				
4	Sources of moisture or food available	Yes € V No = 0	Roaches need food and water.				
5	Total inspection demerit points	0-10 demerits = 0 11-20 demerits = 1 21-40 demerits = 2 More than 40 demerits = 3	The total number of inspection demerits indicates the establishment's overall practice and sanitation of their facility.				
6	Has a contract with a Pest Control Company (PCC) that addresses Integrated Pest Management (IPM)	Yes = 0 No = 1	Prevention should be holistic in approach, to include all aspects of pest control (biological, mechanical, environmental, chemical).				
7	General openings/access for cockroaches greater than 1.66 mm	Yes = 1 $No = 0$	Roaches can fit into holes 1.66 mm by flattening themselves in order to fit into crevices.				
Total Threshold Points	Less than 7 points = Sanitary Permit not suspended 7 or greater than 7 points = Sanitary Permit suspended						

<sup>\*</sup> If any of these items are observed, then this Plan is activated.

**Total Threshold Points:** 

	- 1		
Page		of _	



#### DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH

			COVID-19 INSI	PECTION REPORT								
			NER, LESSEE, OCCUPANT_ETC.) AR PESTMIRANT	ADDRESS; Lot #, House/Apt. #, Street Name 194 CHACAN SAV ANTONIO	ne, Buildii	ng Nan	ne:					
NSPE	CΤΙ 2/1,		/INVESTIGATION DATE/TIME: COMPLAINT #:	MUNICIPALITY/VILLAGE; SUBDIVISION:								
			WING CHECKED ITEMS REPRESENT VIOLATIONS BASE CHAPTER 4, ARTICLE 28 COVID-19 PUB	O ON TITLE 26 GUAM ADMINISTRATIVE RULES A LIC HEALTH ENFORCEMENT REGULATIONS.	AND REGL	JLATIO	NS (GARR)					
COMPL STA		Œ		REMARKS								
IN	OU	JΤ	An assessment of the above-mentioned facility was conducted on this day to determine compliance with									
			DPHSS Guidance Memorandum 2022-08 (Decem	nber 17, 2021) during the COVID-19 eme	rgency.							
			The following were observed:	Co	the spot	Repea	Not t applicable (N/A)					
	Г	٦Ì	Requires all individuals who are 12 years are	nd one month of age and older to show								
	_	<b>-</b>	acceptable proof of vaccination to enter or v									
		][	2. Prohibits indoor/outdoor services to individu									
			vaccination.				····					
		][	3. Posts signage for vaccination requirement in	a conspicuous place viewable by patrons								
			and employees.									
		]	4. Adheres to congregation and social gatherin	g limitations on their premises.								
		]	5. Separates each group or table by a minimum	of 6-feet physical distance.			<b>V</b>					
		]	6. Prohibits intermingling of individuals from	different groups or tables.								
کیا	L	╛	7. Requires and enforces mandatory use of face	e masks.								
V	Ļ	]	8. Maintains contact logs of all staff and occup	ants of the facility.								
	Ŀ	╝	9. Has a policy in place for the frequent cleaning	ng of all surfaces.								
$\square$	L	┦┞	10. Provides adequate hand washing/hand saniti	zing supplies.								
		ŀ	Observations/Findings:									
			NO COMD VIOLATIONS OBSEPTED									
						. <u>.</u>						
				<u> </u>								
DEC	-1) /		ov (Dien & Circo) Add A to The Client	There								
			CTOR (Print & Sign): TUNT) HEN	h 1 8								
			L. Ali (Ivil so)				70					